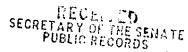
## RECEIVED SECRETARY OF THE SENAME PUBLIC RECORDS

# FEC FORM 2 STATEMENT OF CANDIDACY

12 DEC -6 PM 3:00

1. (a) Name of Committee (in full) Amy J Robuschar  (b) Addrass (number and street) PO for 448  (c) City, State, and 2IP Code St Paul  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 electron(s).  (c) City, State, and 2IP Code St Paul  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 electron(s).  NOTE: This acalyses of the following named political committee as my Principal Campaign Committee for the (year of electron)  DESIGNATION OF THER AUTHORIZED COMMITTEES  (including Joint Fundralising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of m candidocy.  NOTE: This designation should be filed with the principal campaign committee.  Signature of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  1. Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  Signature of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  Signature of Committee (in full)  (c) City, State, and ZIP Code  Signature of Campaign committee, and the best of my knowledge and belief it is true, correct and complete.  Signature of Campaign of Raley, erronsous, or incomplete information may subject the person signing this Statement to panalities of 2 U.S.C. \$437g.  NOTE: Submission of Raley, erronsous, or incomplete information may subject the person signing this Statement to panalities of 2 U.S.C. \$437g.								
(b) Address frumber and street) PO Box 4146  (c) City, State, and ZiP Code St Paul A Party Affaition DEMOCRATIC-FARM-LABOR  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) NOTE: This assignation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full) Klobuchar for Minnesota 2018  (b) Address (number and street) PO Box 4146  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of meandadacy.  NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of meandadacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZiP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Capididate  Amy Klobucha.  Light for the committee of the complete campaign committee of the complete campaign committee of the complete campaign committee of the complete campaign.  Date  1 Contributed in the committee of the complete campaign committee.  Date  1 Contributed in the committee of the committee of the best of my knowledge and belief it is true, correct and complete.  Signature of Capididate  Amy Klobucha.  Date  1 Contributed in the committee of the com	(a) Name of Candidate (in full)							
(c) City, State, and 2IP Code St Paul  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I heraby designate the following named political committee as my Principal Campaign Committee for the (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Klobuchar for Minnesota 2018  (b) Address (number and street)  PO Box 4146  8. State & District of Candidate (in) Address (number and street)  PO Box 4146  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  (including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of meandidacy.  NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of meandidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Amy Klobuchad.  Amy Klobuchad.  Label 12/05/2012						FEC Identific	cation Number	ır
(c) City, State, and ZIP Code St Paul  DESIGNATION OF OTHER AUTHORIZED COMMITTES  (not college) St Paul  State and District of Candidate MN 00  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTE  7. I heraby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election).  NOTE: This designation should be filled with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Klobuchar for Minnesota 2018  (b) Address (number and stroet) PO Box 4146  (c) City, State, and ZIP Code St Paul  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campalign committee, to receive and expend funds on behalf of m candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and stroet)  (c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Goodidate  Amy Klobucha  Local Code  12/05/2012		U Check it address changed .			\$8MN00267			
A. Party Affidiation DEMOCRATIC-FARM-LABOR Sonate	(c) City, State, and 2IP Code				1	ee New	<b>an</b> [	Amended
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(c) City, State, and ZIP Code  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Amy Klobucha  Date  12/05/2012	(a) Name of Committee (in full)					•		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Amy Klobuche  12/05/2012	(b) Address (number and street)							
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Signature of Candidate  Amy Klobucha  12/05/2012	I certify that I have ex	amined this Stateme	nt and to the best o	of my knowledge	and belief it is tru	ie, correct an	d complete.	
Amy Klobucha 12/05/2012								
175 Koura	<i>,</i> / /	1/10	1					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to panalities of 2 U.S.C. §437g.	Amy Klobuchia	Kloch	Nu	_	12/05/2012			
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	NOTE: Submission of false, erroneou	s, or incomplete infor	mation may subjec	t the person sign	ing this Stateme	nt to penaltie:	s of 2 U.S.C.	§437g.
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### Klobuchar for Minnesota 12 DEC -6 PM 3:00

10 G Street, NE, Suite 570 Washington, DC 20002 Phone: (202) 682-2202 Fax: (202) 682-1918

#### FAX COVER SHEET

TO:

The Secretary of the Senate

FROM:

Sara Bryant

DATE:

December 6, 2012

PAGES:

2 including cover page

FAX NUMBER: (202) 224-1851

COMMENTS:

To Whom it May Concern,

Please find Sen. Klobuchar's statement of candidacy enclosed.

Please direct questions to Becky Groen (612) 378-2012.

Thanks

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

### United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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